

EXHIBIT ACERTIFICATION REGARDING COMPLIANCE WITH SECTION 188.325, RSMO

*Regarding performing, inducing, or assisting in the performing or inducing of or referring for abortions*

The vendor certifies, by submission of the proposal and by signing below, that the vendor is not an organization, or an affiliate of organizations, that "perform or induce, assist in the performing or inducing of or refer for abortions".

Ramona Davis Executive Director  
Name and Title of Authorized Representative

Ramona Davis 2-1-17  
Signature Date

EXHIBIT BVENDOR INFORMATION

The vendor should provide the following information about the vendor's organization:

1. Provide a brief company history, including the founding date and number of years in business as currently constituted. *Founded 4-16-2007 and in business since 1-22-2009, assisting women and men facing pregnancy by providing free life-affirming services, including support, information and practical aid.*
2. Describe the nature of the vendor's business, type of services performed, etc. Identify the vendor's website address, if any. *Website: the pregnancy help center. com Services: (All Free) Pregnancy Tests, Ultrasounds, Information on abortion/parenting/adoption/STIs + Healthy Life Choices, Life Skills courses, Resources, Medical Referrals*
3. Provide a list of and a short summary of information regarding the vendor's current contracts for similar services.

NA

4. List, identify, and provide reasons for each contract/client gained and lost in the past two (2) years.
5. In the table below, indicate if the vendor is a not-for-profit entity that promotes one or more of the following four (4) purposes established by Congress under 42 U.S.C. Section 601 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. If a not-for-profit entity, describe past experience relative to the four (4) purposes.

Not-for-profit entity that promotes one or more of the following (4) purposes: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Purposes	
Identify specific information about experience:	Clearly identify and describe the experience
Providing assistance to needy families so that children may be cared for in their own homes or in the homes of relatives	Baby Resources / Material Needs provided Parenting Courses
Ending the dependence of needy parents on government benefits by promoting job preparation, work, and marriage	Positive Partnership (marriage class) Referrals for job preparation training
Preventing and reducing the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies	Abstinence + Healthy Life Choices info.
Encouraging the formation and maintenance of two-parent families	Information + Parenting Courses

6. Describe the structure of the organization including any board of directors, partners, top departmental management, corporate organization, corporate trade affiliations, any parent/subsidiary affiliations with other firms, etc.
7. Provide a list summarizing any pending or final legal proceedings involving you or your company that took place in any court of law, administrative tribunal or alternative dispute resolution process that was filed, settled or gone to final judgment within the last three (3) years. The summary need not disclose confidential information of a disputed allegation of fact or law, but must contain the allegations made and/or contested or findings of the court of law, tribunal or dispute resolution process. Failure to provide a full and accurate summary of legal proceedings may result in rejection of the proposal or termination of any subsequent contract.

NA

EXHIBIT C

CERTIFICATION REGARDING EXEMPTION FROM INCOME TAXATION

The vendor certifies, by submission of the proposal and by signing below, that the vendor is "exempt from income taxation pursuant to the United States Internal Revenue Code".

Ramona Davis Executive Director

Name and Title of Authorized Representative

Ramona Davis 2-1-17

Signature

Date



**EXHIBIT D****CURRENT/PRIOR EXPERIENCE**

The vendor should copy and complete this form documenting the vendor and subcontractor's current/prior experience considered relevant to the services required herein. In addition, the vendor is advised that if the contact person listed for verification of services is unable to be reached during the evaluation, the listed experience may not be considered.

<b>Vendor Name or Subcontractor Name:</b> PREGNANCY HELP CENTER SOUTH COUNTY (if reference is for a Subcontractor):	
<b>Reference Information (Current/Prior Services Performed For:)</b>	
Name of Reference Company/Client:	MISSOURI ALLIANCE FOR LIFE
Address of Reference Company/Client:	P.O. BOX 65, GREENWOOD, MO 64034
Reference Contact Person Name, Phone #, and E-mail Address:	MARSHA MIDDLETON    marsha@allianceforlifemissouri.com 816-806-4168
Title/Name of Service/Contract	
Dates of Service/Contract:	
If service/contract has terminated, specify reason:	
Size of Service such as:	
<input checked="" type="checkbox"/> Number of Individuals Being Served <input checked="" type="checkbox"/> Total Annual Value/Volume	
Size of Service/Contract (in terms of vendor's total amount of business)	
Description of Services Performed, such as: <input checked="" type="checkbox"/> Population Served <input checked="" type="checkbox"/> Type of Services Performed <input checked="" type="checkbox"/> Geographic Area Served <input checked="" type="checkbox"/> Vendor's specific duties and strategic objective	
Personnel Assigned to Service/Contract (include position title):	

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Titles of personnel should be consistent with titles referenced throughout the RFP.)

<b>Title of Position:</b> <u>PROGRAM MANAGER</u>	
<b>Name of Person:</b>	MELISSA LUTHER
Educational Degree (s): include college or university, major, and dates	
License(s)/Certification(s), #(s), expiration date(s), if applicable:	
Specialized Training Completed.	
# of years experience in area of service proposed to provide:	26 YEARS
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	2+ YEARS OFFICE ADMINISTRATOR (2013-2015)(MOVED TO OHIO 2015-2016) ADMINISTRATIVE + START A2A (Nov. 2016 - present)
Describe this person's responsibilities over the past 12 months.	ADMINISTRATIVE + START A2A
Previous employer(s), positions, and dates	THE CEDARS 1990-2000 OFFICE ADMINISTRATOR
Identify specific information about experience in:	
✓ Early childhood development	Teacher/Coordinator Pre-School Classes ; Youth Group Leader
✓ Family/marital counseling	Marriage Courses/Counsel
✓ Social work	
✓ Case management	Client Counsel Pregnancy Resource Center ; Client Phone Counsel
✓ Program administration	Develop Programs, Processes + Procedures ; Book Keeping ; BUDGETING ; Scheduling ; Management + Training ; Analyzing + Problem Solving ; Reporting ; Payment Processing



**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Titles of personnel should be consistent with titles referenced throughout the RFP.)

<b>Title of Position:</b> <u>CREDENTIALLED CASE MANAGER</u>	
<b>Name of Person:</b>	<u>SHIRLEY LEWIS</u>
Educational Degree (s): include college or university, major, and dates	<u>BSN - JAN. 1977 - NURSING - ST. LOUIS UNIVERSITY</u> <u>MA - OCT. 1979 - COUNSELING/HUMAN SERV. - WEBSTER</u>
License(s)/Certification(s), #(s), expiration date(s), if applicable:	<u>REGISTERED NURSE # 038007 EXP. APRIL 2018</u>
Specialized Training Completed.	
# of years experience in area of service proposed to provide:	<u>32 years</u>
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	<u>BEEN WORKING AT CENTER FOR 3 YEARS</u>
Describe this person's responsibilities over the past 12 months.	<u>FACILITATE PRE-NATAL + PARENTING CLASSES</u> <u>ASSIST WITH CLIENT COUNSEL</u>
Previous employer(s), positions, and dates	<u>St. Louis County Special School District 1981-2013</u> <u>School Nurse- meeting physical and emotional needs of students with special needs</u>
Identify specific information about experience in:	
✓ Early childhood development	<u>work with students Kindergarten thru 21 years of age</u>
✓ Family/marital counseling	<u>facilitate parent support group (10 years)</u>
✓ Social work	<u>help parents find resources to meet needs of special needs children</u>
✓ Case management	<u>client counsel + classes at pregnancy center</u>
✓ Program administration	<u>facilitate Grief Share Program for last 12 years</u>

**ALLIANCE FOR LIFE**  
**A2A PERSONNEL QUALIFICATION SHEET**  
**02/2017 – 06/2017**

The Subcontractor shall complete the Personnel Sheet and submit to Alliance for Life.

Subcontractor PREGNANCY HELP CENTER SOUTH COUNTY Date Submitted: 2-1-17

[illegible]



**EXHIBIT K****BUSINESS ENTITY CERTIFICATION, ENROLLMENT DOCUMENTATION,  
AND AFFIDAVIT OF WORK AUTHORIZATION****BUSINESS ENTITY CERTIFICATION:**

The vendor must certify their current business status by completing either Box A or Box B or Box C on this Exhibit.

- |                      |   |
|----------------------|---|
| <b><u>BOX A:</u></b> | To be completed by a non-business entity as defined below.  |
| <b><u>BOX B:</u></b> | To be completed by a business entity who has not yet completed and submitted documentation pertaining to the federal work authorization program as described at <a href="http://www.uscis.gov/e-verify">http://www.uscis.gov/e-verify</a> . |
| <b><u>BOX C:</u></b> | To be completed by a business entity who has current work authorization documentation on file with a Missouri state agency including Division of Purchasing.  |

**Business entity**, as defined in section 285.525, RSMo, pertaining to section 285.530, RSMo, is any person or group of persons performing or engaging in any activity, enterprise, profession, or occupation for gain, benefit, advantage, or livelihood. The term "**business entity**" shall include but not be limited to self-employed individuals, partnerships, corporations, contractors, and subcontractors. The term "**business entity**" shall include any business entity that possesses a business permit, license, or tax certificate issued by the state, any business entity that is exempt by law from obtaining such a business permit, and any business entity that is operating unlawfully without such a business permit. The term "**business entity**" shall not include a self-employed individual with no employees or entities utilizing the services of direct sellers as defined in subdivision (17) of subsection 12 of section 288.034, RSMo.

Note: Regarding governmental entities, business entity includes Missouri schools, Missouri universities (other than stated in Box C), out of state agencies, out of state schools, out of state universities, and political subdivisions. A business entity does not include Missouri state agencies and federal government entities.

**BOX A – CURRENTLY NOT A BUSINESS ENTITY**

I certify that \_\_\_\_\_ (Company/Individual Name) **DOES NOT CURRENTLY MEET** the definition of a business entity, as defined in section 285.525, RSMo pertaining to section 285.530, RSMo as stated above, because: (check the applicable business status that applies below)

- ☐ - I am a self-employed individual with no employees; **OR**
- ☐ - The company that I represent employs the services of direct sellers as defined in subdivision (17) of subsection 12 of section 288.034, RSMo.

I certify that I am not an alien unlawfully present in the United States and if \_\_\_\_\_ (Company/Individual Name) is awarded a contract for the services requested herein under \_\_\_\_\_ (RFP Number) and if the business status changes during the life of the contract to become a business entity as defined in section 285.525, RSMo pertaining to section 285.530, RSMo then, prior to the performance of any services as a business entity, \_\_\_\_\_ (Company/Individual Name) agrees to complete Box B, comply with the requirements stated in Box B and provide the Division of Purchasing with all documentation required in Box B of this exhibit.

\_\_\_\_\_  
Authorized Representative's Name (Please Print)

\_\_\_\_\_  
Authorized Representative's Signature

\_\_\_\_\_  
Company Name (if applicable)

\_\_\_\_\_  
Date



**EXHIBIT K, continued**

*(Complete the following if you have the E-Verify documentation and a current Affidavit of Work Authorization already on file with the State of Missouri. If completing Box C, do not complete Box B.)*

**BOX C – AFFIDAVIT ON FILE - CURRENT BUSINESS ENTITY STATUS**

I certify that \_\_\_\_\_ (Business Entity Name) **MEETS** the definition of a business entity as defined in section 285.525, RSMo pertaining to section 285.530, RSMo and have enrolled and currently participates in the E-Verify federal work authorization program with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services related to contract(s) with the State of Missouri. We have previously provided documentation to a Missouri state agency or public university that affirms enrollment and participation in the E-Verify federal work authorization program. The documentation that was previously provided included the following.

- ✓ The E-Verify Employment Eligibility Verification page OR a page from the E-Verify Memorandum of Understanding (MOU) listing the vendor's name and the MOU signature page completed and signed by the vendor and the Department of Homeland Security – Verification Division
- ✓ A current, notarized Affidavit of Work Authorization (must be completed, signed, and notarized within the past twelve months).

Name of **Missouri State Agency or Public University\*** to Which Previous E-Verify Documentation Submitted: \_\_\_\_\_

(\*Public University includes the following five schools under chapter 34, RSMo: Harris-Stowe State University – St. Louis; Missouri Southern State University – Joplin; Missouri Western State University – St. Joseph; Northwest Missouri State University – Maryville; Southeast Missouri State University – Cape Girardeau.)

Date of Previous E-Verify Documentation Submission: \_\_\_\_\_

Previous **Bid/Contract Number** for Which Previous E-Verify Documentation Submitted: \_\_\_\_\_ (if known)

\_\_\_\_\_  
Authorized Business Entity Representative's  
Name (Please Print)

\_\_\_\_\_  
*Authorized Business Entity  
Representative's Signature*

\_\_\_\_\_  
Business Entity Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
E-Verify MOU Company ID Number

**FOR STATE OF MISSOURI USE ONLY**

Documentation Verification Completed By:

\_\_\_\_\_  
Buyer

\_\_\_\_\_  
Date

EXHIBIT K, continued

(Complete the following if you DO NOT have the E-Verify documentation and a current Affidavit of Work Authorization already on file with the State of Missouri. If completing Box B, do not complete Box C.)

**BOX B – CURRENT BUSINESS ENTITY STATUS**

I certify that Pregnancy Help Center (Business Entity Name) MEETS the definition of a business entity as defined in section 285.525, RSMo pertaining to section 285.530.

Ramona Davis  
Authorized Business Entity Representative's  
Name (Please Print)

Ramona Davis  
Authorized Business Entity  
Representative's Signature

Pregnancy Help Center South County  
Business Entity Name

2-1-17  
Date

ramona@the pregnancy help center.com  
E-Mail Address

As a business entity, the vendor must perform/provide each of the following. The vendor should check each to verify completion/submission of all of the following:

- ☒ - Enroll and participate in the E-Verify federal work authorization program (Website: <http://www.uscis.gov/e-verify>; Phone: 888-464-4218; Email: [e-verify@dhs.gov](mailto:e-verify@dhs.gov)) with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services required herein;

AND

- ☒ - Provide documentation affirming said company's/individual's enrollment and participation in the E-Verify federal work authorization program. Documentation shall include EITHER the E-Verify Employment Eligibility Verification page listing the vendor's name and company ID OR a page from the E-Verify Memorandum of Understanding (MOU) listing the vendor's name and the MOU signature page completed and signed, at minimum, by the vendor and the Department of Homeland Security – Verification Division. If the signature page of the MOU lists the vendor's name and company ID, then no additional pages of the MOU must be submitted;

AND

- ☒ - Submit a completed, notarized Affidavit of Work Authorization provided on the next page of this Exhibit.





Company ID Number: 1171061

Approved by:

<b>Employer</b> South County Pregnancy Help Center	
<b>Name (Please Type or Print)</b> Ramona Davis	<b>Title</b>
<b>Signature</b> Electronically Signed	<b>Date</b> 02/15/2017
<b>Department of Homeland Security – Verification Division</b>	
<b>Name (Please Type or Print)</b> USCIS Verification Division	<b>Title</b>
<b>Signature</b> Electronically Signed	<b>Date</b> 02/15/2017



EXHIBIT K, continuedAFFIDAVIT OF WORK AUTHORIZATION:

The vendor who meets the section 285.525, RSMo, definition of a business entity must complete and return the following Affidavit of Work Authorization.

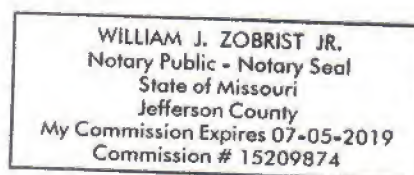
Comes now Ramona Davis (Name of Business Entity Authorized Representative) as Executive Director (Position/Title) first being duly sworn on my oath, affirm Pregnancy Help Center (Business Entity Name) is enrolled and will continue to participate in the E-Verify federal work authorization program with respect to employees hired after enrollment in the program who are proposed to work in connection with the services related to contract(s) with the State of Missouri for the duration of the contract(s), if awarded in accordance with subsection 2 of section 285.530, RSMo. I also affirm that Pregnancy Help Center (Business Entity Name) does not and will not knowingly employ a person who is an unauthorized alien in connection with the contracted services provided under the contract(s) for the duration of the contract(s), if awarded.

*In Affirmation thereof, the facts stated above are true and correct. (The undersigned understands that false statements made in this filing are subject to the penalties provided under section 575.040, RSMo.)*

<u>Ramona Davis</u> Authorized Representative's Signature	<u>Ramona Davis</u> Printed Name
<u>Executive Director</u> Title	<u>2-17-17</u> Date
<u>ramona@thepregnancyhelpcenter.com</u> E-Mail Address	<u>1171061</u> E-Verify Company ID Number

Subscribed and sworn to before me this 17<sup>th</sup> of February 2017. I am  
(DAY) (MONTH, YEAR)  
commissioned as a notary public within the County of Jefferson, State of  
(NAME OF COUNTY)  
Missouri, and my commission expires on 5/5/2019.  
(NAME OF STATE) (DATE)

<u>William J. Zobrist Jr.</u> Signature of Notary	<u>2/17/17</u> Date
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106 5<sup>th</sup> Ave. S  
P.O. Box 65  
Greenwood, MO 64034  
816-806-4168

## 2017 CONTRACT AGREEMENT ALTERNATIVES TO ABORTION PROGRAM

The subject contract agreement between Alliance for Life - Missouri, Inc., and, Pregnancy Help Center South County is as follows:

1. To exercise the option to enter into a contract for the period February 01, 2017 through June 30, 2017. The total contract amount for this period is \$25,000.
2. The subcontractor agrees to a 3% management fee per month based on the subcontractor's invoice amount for the month, to be withheld at the time of payment of the monthly invoice.
3. The subcontractor hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the specified prices, in accordance with all terms and conditions, requirements, and specifications of the Alliance for Life- Missouri, Inc. Contract Requirements and the State of Missouri, Office of Administration's Terms and Conditions (Rev. 01-26-2012)
4. The subcontractor further agrees that upon receipt of this authorized contract agreement signed and issued by an authorized official of the Alliance for Life - Missouri, Inc., a binding contract shall exist between the subcontractor and the Alliance for Life-Missouri, Inc.

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In witness thereof, the parties hereto execute this agreement.

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Ramona Davis  
Authorized Subcontractor Signature

Ramona Davis, Executive Director  
Printed name/title

Date

2-1-17

Marsha J. Middleton  
Alliance For Life- Missouri, Inc, CEO

Marsha J Middleton, CEO  
Printed name/title

02/01/2017  
Date

Alternatives to Abortion Program  
ACH-EFT (Electronic Funds Transfer)

Subcontractor Name: PREGNANCY HELP CENTER SOUTH COUNTY

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Ramona Davis  
Subcontractor Representative Signature

2-1-17  
Date



**Alternatives to Abortion  
Sub-Contractor Confidentiality Agreement**

With regards to the Health Insurance Portability And Accountability Act of 1996 (HIPAA) – PREGNANCY HELP CENTER SOUTH COUNTY, a sub-contractor of the Alliance for Life – Missouri shall not use or disclose Protected Health Information other than is permitted or required by the contract or as otherwise required by law.

The sub-contractor shall use appropriate safeguards to prevent use or disclosure of the Protected Health Information other than is provided for by the contract.

With respect to Electronic Protected Health Information (A2A database), the sub-contractor shall implement administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of the Electronic Protected Health Information that the sub-contractor creates, receives, maintains or transmits on behalf of the contractor.

The sub-contractor shall administer safeguards that include but are not limited to:

- 1) Workforce training on the appropriate uses and disclosures of Protected Health Information pursuant to the terms of the contract.
- 2) Policies and procedures implemented by the sub-contractor to prevent inappropriate uses and disclosures of Protected Health Information by it's workforce.
- 3) Any other safeguards necessary to prevent inappropriate use or disclosure of Protected Health Information.
- 4) Signed "confidentiality agreements" shall be signed by all workforce that has access to Protected Health Information in regards to servicing of this contract.

Ramona Davis  
Printed Name

Date 2-1-17

Signature and Title  
Ramona Davis, Executive Director

2-1-17  
Date

*Alliance for Life- Missouri inc. Administrator*

Date \_\_\_\_\_

Marsha J. Middleton, CEO  
*Printed Name and title*

## A2A Percentage of Administrative Cost Worksheet

Subcontractor Name: PREGNANCY HELP CENTER SOUTH COUNTY Date: 2-21-17

Please determine the total annual cost for the following administrative overhead costs.  
(Please round numbers up or down)

Rent/Lease/Mortgage: 17,112  
 Utilities: 4,637  
 Facility Insurance: 977  
 Office Supplies: 2,574  
 Annual Cost: (A) 25,300

Average annual total of clients enrolled in A2A: (B) 50  
 Average annual total of all clients: (C) 193

**Formula:**

Annual A2A clients (B) 50 ÷ Annual overall clients (C) 193 = (D) 26 %  
 Overhead costs: (A) 25,300 x % of A2A clients (D) .26 = (E) 6578 A2A client overhead costs  
 A2A client overhead costs (E) 6578 ÷ 12 months = (F) 548 Monthly administrative overhead cost for A2A

## Overhead Costs Breakdown

- Rent/Lease/Mortgage Total: \$17,112/yr.
  - Calculated per Ramona's conversation with Marsha about this. We don't have a traditional rent/lease/mortgage situation, but rather are donor financed with varying pay-back arrangements with multiple donors. The best/fairest comparison was to calculate a mortgage situation based on our building costs.
  - \$1255/month Mortgage Equivalent
    - \$198,348 Building Cost plus improvements- average mortgage 20yr. @ 4.5%
  - \$ 171/month Maintenance (average per month over last 5 years)
- Utilities Total: \$4637/yr.
  - \$1088 Ameren Electric
  - \$1064 Laclede Gas
  - \$ 140 Missouri American Water
  - \$ 301 Metro STL Sewer
  - \$1555 Phone
  - \$ 449 Internet
- Facility Insurance Total: \$977/yr.
  - \$ 977 Selective Insurance
- Office Supplies Total: \$2574/yr.
  - \$1660 Paper, Envelopes, Ink/Toner, Pens, Cleaning Supplies, Tissues, etc...
  - \$ 914 Annual Software updates/fees